

CACFP DAY CARE ENROLLMENT

Name _____ Sex _____ Birthdate _____ Enrollment Date _____
Home Address _____ Zip Code _____ Telephone# _____
Parent/Guardian Name _____ Employer _____
Business Address _____ Business Phone _____
Parent/ Guardian Name _____ Employer _____
Business Address _____ Business Phone _____
Marital Status of Parent/Guardian (if applicable): Married Divorced Single
*Normal days child will attend (circle): M T W TH F S
*Normal hours child will attend(circle if am or pm): _____ am/pm To _____ am/pm
*Expected meals for which child will be in attendance: B AM snack L PM snack S Eve snack

Persons who may be called in case of illness or emergency if parent/guardian cannot be reached:

Name	Relationship	Address	Telephone
1. _____			
2. _____			
3. _____			

Persons designated to pick up child:

Name	Relationship	Address	Telephone
1. _____			
2. _____			
3. _____			

Child's Physician _____

Name	Address	Telephone
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Describe any pertinent social information or special needs of the child: _____

Describe any physical or medical problems of the child, i.e., seizures, asthma, diabetes, allergies, heart disease, respiratory illness, drug reaction, speech difficulties, etc.

Instructions for the care of the above-mentioned problems: _____

*Doctor's statement on file: Yes ☐ No ☐

In case of serious emergency or illness, when the parents cannot be reached immediately, I hereby authorize the child care giver to obtain emergency medical care, i.e., physician, dentist, paramedics, or other authorized emergency agents.

Signature of Parent or Guardian

Date